

215040508
62696

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 163	Agency Case No. B5-092379	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/04/2015		(In Military Time)	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1204	10/04/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Normandy, S. 20th to Lancelot Ct.			ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION			IF NOT AT INTERSECTION		
1	NAME OF INTERSECTING ROADWAY			<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M 20	200.00			X	Lancelot	
V2/M 20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
2	VEHICLE NO. 1					
F	DRIVER LICENSE NO.	DRIVER			STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
V1/N 1	Unknown			PHONE	LOCAL NO.	
V2/N 1	DRIVER ADDRESS			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	
G	OWNER			PHONE	LOCAL NO.	
2	unknown					
H	OWNER ADDRESS			CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.
5	LICENSE PLATE NO.	Unknown			YEAR (Plate Expires)	STATE (Of Plate)
V1/O 5	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
V2/O 2	VEHICLE ID NO. (VIN)	1G1ZS52F45F299568			INSURANCE COMPANY	ESTIMATED DAMAGE
I	TOWED TO			TOWED BY	POLICY NO.	
7	VEHICLE NO. 2					
V1/P 8	DRIVER LICENSE NO.	DRIVER			STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
V2/P 8	Legally Parked Unattended			PHONE	LOCAL NO.	
J	OWNER			PHONE	LOCAL NO.	
01	MAUREEN E VAUGHN / James Vaughn dob 12-4-1948			402-430-0099		
V1/Q 4	LICENSE PLATE PA NO.	SEP229			YEAR (Plate Expires)	STATE (Of Plate)
V2/Q 3	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
K	VEHICLE ID NO. (VIN)	1G1ZS52F45F299568			INSURANCE COMPANY	ESTIMATED DAMAGE
01	TOWED TO			TOWED BY	POLICY NO.	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS			3 Body Region	4 Injury Sev.
LOCAL NO.				EMS SERVICE NAME	5 Trans.	SEX M F
MEDICAL FACILITY NAME				EMS RUN REPORT NO.		
VEH. #	NAME	ADDRESS				
LOCAL NO.				EMS SERVICE NAME		
MEDICAL FACILITY NAME				EMS RUN REPORT NO.		
VEH. #	NAME	ADDRESS				
LOCAL NO.				EMS SERVICE NAME		
MEDICAL FACILITY NAME				EMS RUN REPORT NO.		

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-092379



Indicate
North
by Arrow

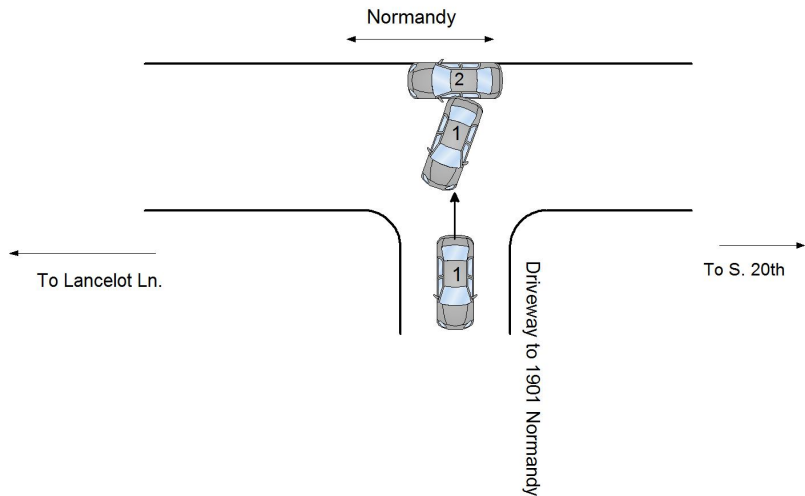


Not To Scale

POI

200' E of E curb Lancelot Ln
6'5" S of N curb Normandy

Normandy = 25'



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicle #2 was parked along N curb of Normandy when it was struck by unknown vehicle #1 that left the scene of the accident. It appears that vehicle #1 was backing out of driveway at 1901 Normandy. Vehicles checked at that address and none had damage consistent with damage to vehicle #2. Vehicle #1 likely vehicle using driveway to turn around.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	0	VEH 2	0		
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME														
1		X			Normandy														
2				X	Normandy														
1	02				06 Turning left		POINT OF IMPACT		05	POINT OF IMPACT		07							
2	10				08 Entering traffic lane		MOST DAMAGED AREA		05	MOST DAMAGED AREA		07							
				01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right 06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other				01 02 03 04 05 06 07 08							
								1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown							
								VEHICLE 2				VEHICLE 2							

OFFICER NO. 1253	TROOP/ TEAM/ BEAT NW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Robert Brenner		INVESTIGATOR SIGNATURE Approved by Ofc Robert Brenner	DATE OF REPORT 10/04/2015